

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 27
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr Joe G		OFFICE USE ONLY Date Received 003 APR - 3 PM 4: 08 CITY OF SAN ANTONIO CITY CLERK RECEIVED
	NICKNAME LAST SUFFIX Farias		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 211 Shrine San Antonio TX 78221		Date Hand-delivered or Date Posted
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mr Gabriel		Receipt #
	NICKNAME LAST SUFFIX Farias		Amount
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5010 El Capitan San Antonio TX 78233		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 599-4930		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 14 / 03 4 / 3 / 03		
10 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 03 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) HISD Trustee	12 OFFICE SOUGHT (if known) City Council Dist 3	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Joe G FARIAS

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR - 3 P 4:09

17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 19,209.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 15,050.42

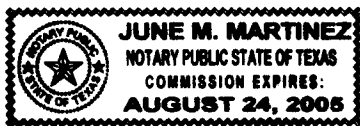
OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,000.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Joe G. Farias
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe G. Farias, this the 3rd day of April, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		2003 APR -3		1 Total pages this Schedule A1: P 4 098 9	
2 FILER NAME Joe G Farias				3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-1	5 Full name of contributor John McPae <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$) \$3,000	8 In-kind contribution description (if applicable) Campaign headquarters Feb, Mar, Apr		
6 Contributor address; City; State; Zip Code 4007 S. Presa SATX 7822-3					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 1-22	Full name of contributor Roland Gutierrez <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) \$113.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 3315 S. Presa SATX 78222					
Principal occupation (Optional)			Employer (Optional)		
Date 1-25	Full name of contributor Mary Ruth Asher <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) \$53.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 4235 Golden Spice SATX 78222					
Principal occupation (Optional)			Employer (Optional)		
Date 1-25	Full name of contributor William Avila <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 5 Remington Way SATX 78258					
Principal occupation (Optional)			Employer (Optional)		
Date 1-25	Full name of contributor James Pruski <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) \$55.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 8040 Flaxstone Hine					
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 P 4:09 209

1 Total pages this Schedule A1:

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Joe G Farías

4 Date

1-26

5 Full name of contributor

☐ out-of-state PAC (ID#:

Edward Ortiz

6 Contributor address; City; State; Zip Code

1007 Ashley

SATX 78221

7 Amount of
contribution (\$)

\$ 55.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1-25

Full name of contributor

☐ out-of-state PAC (ID#:

Robert Yarbrough

Contributor address; City; State; Zip Code

P.O. Box 680695

SATX 78268

Amount of
contribution (\$)

\$ 50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1-25

Full name of contributor

☐ out-of-state PAC (ID#:

Travis Johnson

Contributor address; City; State; Zip Code

16406 Durango Creek

SATX 78247

Amount of
contribution (\$)

\$ 100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1-29

Full name of contributor

☐ out-of-state PAC (ID#:

Ralph Zendejas

Contributor address; City; State; Zip Code

726 WABE

SATX 78221

Amount of
contribution (\$)

\$ 100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1-26

Full name of contributor

☐ out-of-state PAC (ID#:

Felipe Rodriguez

Contributor address; City; State; Zip Code

214 Shrine

SATX 78214

Amount of
contribution (\$)

\$ 70.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED (FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3

1 Total pages this Schedule A1:

P 00909

2 FILER NAME

Joe G Farías

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-30

5 Full name of contributor

☐ out-of-state PAC (ID#)

Alan Hoffman

6 Contributor address; City; State; Zip Code

1703 E Drive
Venton, NJ. 08406

7 Amount of
contribution (\$)

\$1
500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1-31

Full name of contributor

☐ out-of-state PAC (ID#)

Danny Kellum

Contributor address; City; State; Zip Code

211 Shrinat
SAYK 78221

Amount of
contribution (\$)

\$1
1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-1

Full name of contributor

☐ out-of-state PAC (ID#)

Joe Farías JR

Contributor address; City; State; Zip Code

211 Shrinat
SAYK 78221

Amount of
contribution (\$)

\$1
60.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-1

Full name of contributor

☐ out-of-state PAC (ID#)

Idilio Barajas

Contributor address; City; State; Zip Code

9907 Mansanal Rd
SAYK 78221

Amount of
contribution (\$)

\$1
50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-1

Full name of contributor

☐ out-of-state PAC (ID#)

JACK PRICE

Contributor address; City; State; Zip Code

205 Dickson
SATX 78214

Amount of
contribution (\$)

\$1
100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1
C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 13 Total Pages this Schedule A1: 4

2 FILER NAME

Joe G. Fariss

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-1

5 Full name of contributor

☐ out-of-state PAC (ID#)

Regina Gonzalez

6 Contributor address; City; State; Zip Code

1143 Vanderbilt
SATX 78210

7 Amount of contribution (\$)

\$60.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2-1

Full name of contributor

☐ out-of-state PAC (ID#)

David Rodriguez

Contributor address; City; State; Zip Code

2247 Rippling Pool
SATX 78232

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-1

Full name of contributor

☐ out-of-state PAC (ID#)

B-B-Q Fundraiser

Contributor address; City; State; Zip Code

Ticket Sales

Amount of contribution (\$)

\$2,618.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1-31

Full name of contributor

☐ out-of-state PAC (ID#)

Alejandro Lara

Contributor address; City; State; Zip Code

1927 McCauley SATX 78224

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-25

Full name of contributor

☐ out-of-state PAC (ID#)

Humberto Saldana

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1
FOR FORMS C/OH, C/OH-SS, SC-C/OH,
PAC, SPAC, & SPAC-SS

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 5 49 09

1 Total pages this Schedule A1:

2 FILER NAME

Joe G Farias

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-18

5 Full name of contributor

Roland Gutierrez

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

603 Urbanloop

SATX 78284

7 Amount of
contribution (\$)

\$250.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2-18

Full name of contributor

David Sosq

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

9411 Hindi

SATX 78224

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-22

Full name of contributor

George Mosley

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

334 Channing Ave #110

SATX 78210

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-25

Full name of contributor

Cheryl Narvaez

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

117 Forcke

SATX 78210

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3-15

Full name of contributor

Ruben Tejeda

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

6103 Macdonay

SATX 78221

Amount of
contribution (\$)

\$51.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3

1 Total pages this Schedule A1:

P 60989

2 FILER NAME

Joe G Farias

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-13

5 Full name of contributor

☐ out-of-state PAC (ID#)

Felipe Rodriguez

6 Contributor address; City; State; Zip Code

214 Shiner

SATX 78221

7 Amount of contribution (\$)

\$ 100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3-14

Full name of contributor

☐ out-of-state PAC (ID#)

Angela Elizondo

Contributor address; City; State; Zip Code

338 E. Hart

SATX 78214

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3-10

Full name of contributor

☐ out-of-state PAC (ID#)

Rick Patrici

Contributor address; City; State; Zip Code

2002 Encino Cabin

SATX 78259

Amount of contribution (\$)

\$ 75.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3-15

Full name of contributor

☐ out-of-state PAC (ID#)

David Gonzales

Contributor address; City; State; Zip Code

3243 CR-467

Devine TX 78016

Amount of contribution (\$)

\$ 125.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3-13

Full name of contributor

☐ out-of-state PAC (ID#)

Craig Cates

Contributor address; City; State; Zip Code

PO Box 200606

SATX 78220

Amount of contribution (\$)

\$ 750.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

The INSTRUCTION GUIDE explains how to complete this form.		2003 APR -3 P 7:09 9		1 Total pages this Schedule A1:	
2 FILER NAME Joe G Farias			3 ACCOUNT # (Ethics Commission filers)		
4 Date 3-17	5 Full name of contributor Mark Sanchez	<input type="checkbox"/> out-of-state PAC (ID#:		7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 115 E. Travis STE 618 SAYK 78205					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 3-19	Full name of contributor Bill Rithhouse	<input type="checkbox"/> out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 25 Meadowland Universal City, TX 78148					
Principal occupation (Optional)			Employer (Optional)		
Date 3-4	Full name of contributor James R. Adams	<input type="checkbox"/> out-of-state PAC (ID#:		Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 209 Genesee SATK 78209					
Principal occupation (Optional)			Employer (Optional)		
Date 3-1	Full name of contributor Andrew Galan	<input type="checkbox"/> out-of-state PAC (ID#:		Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 646 Denver Blvd SATK 78210					
Principal occupation (Optional)			Employer (Optional)		
Date 3-7	Full name of contributor Jo Weiss	<input type="checkbox"/> out-of-state PAC (ID#:		Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code					
Principal occupation (Optional)			Employer (Optional)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR CO-OPERS

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CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form

2003 APR -3 P 4:09

1 Total pages this Schedule A1:

889

2 FILER NAME

Joe G. Facias

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mario Espinosa

6 Contributor address; City; State; Zip Code

443 E. Hitchens Pl.
SAYX 78221

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3-15

Full name of contributor

☐ out-of-state PAC (ID#)

Jeff Wright

Contributor address; City; State; Zip Code

534 Cosgrove
SAYX 78210

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3-20

Full name of contributor

☐ out-of-state PAC (ID#)

Reynaldo Diaz Jr.

Contributor address; City; State; Zip Code

1415 Broadway
SAYX 78215

Amount of
contribution (\$)

\$400.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3-18

Full name of contributor

☐ out-of-state PAC (ID#)

David Sosq

Contributor address; City; State; Zip Code

9411 Hindi
SAYX 78224

Amount of
contribution (\$)

\$60.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3-19

Full name of contributor

☐ out-of-state PAC (ID#)

Roman Perez

Contributor address; City; State; Zip Code

1059 Rayburn Dr.
SAYX 78221

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
SCHEDULE A1
FOR: C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 13 12:48 PM
Total pages this Schedule A1:
9/29

2 FILER NAME

Joe G. Farias

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-19

5 Full name of contributor

☐ out-of-state PAC (ID#)

Travis Johnson

6 Contributor address; City; State; Zip Code

16406 Durango Creek
SAYX 78247

7 Amount of
contribution (\$)

\$400.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3-15

Full name of contributor

☐ out-of-state PAC (ID#)

Bar-b-Que Fundraiser

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$2349.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3-21

Full name of contributor

☐ out-of-state PAC (ID#)

GOLF Tournament Fundraiser
(Cash)

Contributor address; City; State; Zip Code

NOTE: INDIVIDUAL checks from tournament
Listed Separately

Amount of
contribution (\$)

\$2245.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3-21

Full name of contributor

☐ out-of-state PAC (ID#)

Skip Frazee

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$400.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-15

Full name of contributor

☐ out-of-state PAC (ID#)

Paul Molina

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$258.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

RECEIVED
CITY CLERK
APR - 3 P 4:00 PM

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1:	
2 FILER NAME Joe G Faris		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⬇ ⬇ ⬇ ⬇ ⬇ ⬇			\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation (optional)		11 Employer (optional)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			
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LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

3 ACCOUNT # (Ethics Commission files)

2 FILER NAME

Joe G Farias

4

TOTAL OF UNITEMIZED LOANS: → → → → → →

\$

5 Date of loan

2-20-03

7 Name of lender

Joe G Farias

☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y

N

8 Lender address; City; State; Zip Code

211 Shrine

SAR 78221

10 Interest rate

11 Maturity date

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION

☒ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

Retired

18 Employer

NA

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial Institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
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CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2003 APR -3 P 4-09 1 8 11

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Joe G. Farries

4 Date

1-20

5 Payee name

Branded T-Shirts

7 Amount (\$)

\$ 232.83

6 Payee address; City; State; Zip Code

1720 S. Presa
SAYK

8 Purpose of payment (See instructions regarding type of information required.)

T-shirts/campaign

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1-17

Payee name

Mungia Printers

Amount (\$)

\$ 384.00

Payee address; City; State; Zip Code

2201 Buena Vista
SAYK

Purpose of payment (See instructions regarding type of information required.)

Printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1-21

Payee name

Southside Reports

Amount (\$)

\$ 113.00

Payee address; City; State; Zip Code

2203 S. Hackberry
SAYK 78210

Purpose of payment (See instructions regarding type of information required.)

News Paper Ad

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1-22

Payee name

Kinkos

Amount (\$)

\$ 25.42

Payee address; City; State; Zip Code

1275 NE Loop 410
SAYK

Purpose of payment (See instructions regarding type of information required.)

Printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

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2003 APR -3 P 4:09 20611

1 Total pages Schedule F:

2 FILER NAME

Joe G. Fariss

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-7

5 Payee name

Branded T-Shirts

6 Payee address; City; State; Zip Code

1720 S. Presq
SAYX

7 Amount (\$)

\$1
155.72

8 Purpose of payment (See instructions regarding type of information required.)

Campaign T-shirts

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2-7

Payee name

Mungia Printers

Payee address; City; State; Zip Code

2201 Buena Vista
SAYX 78207

Amount (\$)

\$465.24

Purpose of payment (See instructions regarding type of information required.)

Printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2-11

Payee name

D1L Election Services

Payee address; City; State; Zip Code

2325 CAYO

SAYX 78224

Amount (\$)

\$777.84

Purpose of payment (See instructions regarding type of information required.)

Mailout Services & Postage

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2-10

Payee name

Public Storage

Payee address; City; State; Zip Code

4810 S. Zarzamora

SAYX

Amount (\$)

\$108.93

Purpose of payment (See instructions regarding type of information required.)

Storage.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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2003 APR -3 P 4:09

1 Total pages Schedule F:

3 of 11

2 FILER NAME

Joe G. Farías

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-24

5 Payee name

Zip Print & Sign

6 Payee address; City; State; Zip Code

101012 Roosevelt

SATX 78214

7 Amount (\$)

\$ 2103.56

8 Purpose of payment (See instructions regarding type of information required.)

Signs

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1-31

Payee name

Kilobesa Provision

Payee address; City; State; Zip Code

1325 S. Bragados

Amount (\$)

\$ 298.50

Purpose of payment (See instructions regarding type of information required.)

Food For Fundraiser

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1-31

Payee name

Mungie Printers

Payee address; City; State; Zip Code

2201 Buena Vista

SATX 78207

Amount (\$)

\$ 244.18

Purpose of payment (See instructions regarding type of information required.)

Printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1-31

Payee name

SAM S

Payee address; City; State; Zip Code

3150 S. Military Dr.

Amount (\$)

\$ 190.26

Purpose of payment (See instructions regarding type of information required.)

Fundraiser Supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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CITY OF SAN ANTONIO
CITY CLERK SCHEDULE F

2003 APR -3 P 4:09

POLITICAL EXPENDITURES

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 B 11

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 3-3	5 Payee name Speedy Print 6 Payee address; City; State; Zip Code 124 E. Houston SAYX 78225	7 Amount (\$) \$ 10.52
---------------	--	---------------------------

8 Purpose of payment (See instructions regarding type of information required.) Printing	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 3-6	Payee name Office Depot Payee address; City; State; Zip Code 2321 SW Military Dr. SAYX 78211	Amount (\$) \$ 17.87
-------------	--	-------------------------

Purpose of payment (See instructions regarding type of information required.) Office Supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 3-6	Payee name U.S.P.S. Payee address; City; State; Zip Code	Amount (\$) \$ 26.87
-------------	--	-------------------------

Purpose of payment (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 3-6	Payee name Southside Reporter Payee address; City; State; Zip Code 2203 S. Hackberry SAYX 78210	Amount (\$) \$ 160.22
-------------	---	--------------------------

Purpose of payment (See instructions regarding type of information required.) Newspaper Ad.	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

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POLITICAL EXPENDITURES**SCHEDULE F**

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2003 APR -3

1 Total pages Schedule F:

P 4087 (1)

2 FILER NAME

Joe G. Farias

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-12

5 Payee name

Graybar Electric Co.

6 Payee address; City; State; Zip Code

1223 W. Hackberry

SATX 78202

7 Amount (\$)

\$ 78.87

8 Purpose of payment (See instructions regarding type of information required.)

Sign Screens

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2-14

Payee name

SAMS

Payee address; City; State; Zip Code

3124 SW Military Dr.

SATX 78

Amount (\$)

\$ 70.73

Purpose of payment (See instructions regarding type of information required.)

Headquarter Supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2-20

Payee name

Fiesta Belt Co.

Payee address; City; State; Zip Code

PO Box 830625

SATX 78283

Amount (\$)

\$ 40.99

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2-21

Payee name

Munsie Printers

Payee address; City; State; Zip Code

2281 Buena Vista

SATX 78207

Amount (\$)

\$ 118.60

Purpose of payment (See instructions regarding type of information required.)

Printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

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The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 P 4:09

1 Total pages Schedule F:

6 of 11

2 FILER NAME

Joe G. Fariss

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-20

5 Payee name

Zip Print

6 Payee address; City; State; Zip Code

1012 Rossmore

SAYK 78214

7 Amount (\$)

\$ 1833.88

8 Purpose of payment (See instructions regarding type of information required.)

Signs

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3-11

Payee name

D & L Election Services

Payee address; City; State; Zip Code

2325 Cayo

SAYK 78224

Amount (\$)

\$ 379.00

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3-14

Payee name

Kilo Base Provision

Payee address; City; State; Zip Code

1325 S. Brazos

SAYK 78207

Amount (\$)

\$ 179.10

Purpose of payment (See instructions regarding type of information required.)

Food For Fundraiser

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3-10

Payee name

SA MEDIA

Payee address; City; State; Zip Code

310 Sterling

SAYK 78220

Amount (\$)

\$ 275.00

Purpose of payment (See instructions regarding type of information required.)

Newspaper Ad.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

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2003 APR -3 P 4:09

1 Total pages Schedule F:

7-2-11

2 FILER NAME

Joe L. Fariss

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-12

5 Payee name

Cadillac Bar

6 Payee address; City; State; Zip Code

1325 S. Flores

SATX

7 Amount (\$)

\$ 307.08

8 Purpose of payment (See instructions regarding type of information required.)

Room Rental & Catering

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3-7

Payee name

Public Storage

Payee address; City; State; Zip Code

4910 S. Zaragoza

SATX 78211

Amount (\$)

\$ 104.00

Purpose of payment (See instructions regarding type of information required.)

Storage

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3-7

Payee name

Branded T's

Payee address; City; State; Zip Code

1720 S. Presq

SATX

Amount (\$)

\$ 116.41

Purpose of payment (See instructions regarding type of information required.)

Campaign T-shirts

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3-7

Payee name

Office Depot

Payee address; City; State; Zip Code

2321 SW Military Dr.

SATX 78211

Amount (\$)

36.90

Purpose of payment (See instructions regarding type of information required.)

Printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

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CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 P 4:09

1 Total pages Schedule F:

8211

2 FILER NAME

Joe G Facias

3 ACCOUNT# (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

3-5

Best Buy FNBram

6 Payee address; City; State; Zip Code

6065 NW Loop 410

SATX 78238

\$ 52.82

8 Purpose of payment (See instructions regarding type of information required.)

Office Supplies

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

3-24

The Republic G.C.

Payee address; City; State; Zip Code

4224. SE. Military Dr.

SATX 78222

\$ 2976.06

Purpose of payment (See instructions regarding type of information required.)

Golf Course Rental For Fundraiser

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

3-25

Academy Sports

Payee address; City; State; Zip Code

165 SW. Military Dr.

SATX 78221

\$ 47.12

Purpose of payment (See instructions regarding type of information required.)

Golf Fundraiser Prize Purchase

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

2-20

McCoy's Bldg Supply

Payee address; City; State; Zip Code

8212 S. Presa

SATX 78223

\$ 539.48

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form

2003 APR -3 P 4:09

1 Total pages Schedule F:

9 of 11

2 FILER NAME

Joe G. Farias

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-11

5 Payee name

Henry Farias

6 Payee address; City; State; Zip Code

7 Amount (\$)

\$ 100.00

8 Purpose of payment (See instructions regarding type of information required.)

Sign Labor

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2-5

Payee name

Beso Buy.

Payee address; City; State; Zip Code

6065 NW Loop 410

SAYX 7823

Amount (\$)

\$ 316.27

Purpose of payment (See instructions regarding type of information required.)

Campaign Printer

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2-5

Payee name

Home Depot

Payee address; City; State; Zip Code

527 FAIR

SAYX 78223

Amount (\$)

47.33

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1-21

Payee name

Computer Depot

Payee address; City; State; Zip Code

6719 Callahan Rd

SAYX 78229

Amount (\$)

\$ 70.06

Purpose of payment (See instructions regarding type of information required.)

Computer Work

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

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CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 P 4: 09

Total pages Schedule F:

10-211

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3-30

Zip Print

6 Payee address; City; State; Zip Code

10102 Roosevelt
SATX 78214

1254.55-

8 Purpose of payment (See instructions regarding type of information required.)

Signs

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3-30

Mungia Printing

Payee address; City; State; Zip Code

2201 Buena Vista

SATX 78207

\$ 566.80

Purpose of payment (See instructions regarding type of information required.)

Printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3-10

LABATT

Payee address; City; State; Zip Code

4500 INDUSTRY PARK

SATX 78291

\$ 153.50

Purpose of payment (See instructions regarding type of information required.)

Food For Fundraiser

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3-3

SBC

Payee address; City; State; Zip Code

\$ 250.90

Purpose of payment (See instructions regarding type of information required.)

Phone Bill

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

RECEIVED
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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 2003 APR -3 P 4:09

1 Total pages Schedule F:

11/2/11

2 FILER NAME

Joe G Farias

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2-10

SAWS

6 Payee address; City; State; Zip Code

PO BOX 2990 SA TX 78299

23.46

8 Purpose of payment (See instructions regarding type of information required.)

Water Bill

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 P 4:09

1 Total pages Schedule G:

2 FILER NAME

Joy G Farina

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	<div>N/A</div>	

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule H:

2003 APR -3 P 4:09

2 FILER NAME

Joe G Farina

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**RECEIVED
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CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2003 APR -3 P 4:09

2 FILER NAME

Joe G Feri

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
	<div>Payee name</div> <div>Payee address; City; State; Zip Code</div> <div>Purpose of expenditure (See instructions regarding type of information required.)</div>	
	<div>Payee name</div> <div>Payee address; City; State; Zip Code</div> <div>Purpose of expenditure (See instructions regarding type of information required.)</div>	
	<div>Payee name</div> <div>Payee address; City; State; Zip Code</div> <div>Purpose of expenditure (See instructions regarding type of information required.)</div>	
	<div>Payee name</div> <div>Payee address; City; State; Zip Code</div> <div>Purpose of expenditure (See instructions regarding type of information required.)</div>	
	<div>Payee name</div> <div>Payee address; City; State; Zip Code</div> <div>Purpose of expenditure (See instructions regarding type of information required.)</div>	

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